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PTO/SB/05 (12/97)
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. RN1153	Total Pages 3
	First Named Inventor or Application Identifier Banumathy K. Sundhar	
	Express Mail Label No.	EL355508970US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
<small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 20]
<small>(preferred arrangement set forth below)</small></p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> [Total Sheets 6]</p> <p>4. Oath or Declaration [Total Pages 2]</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small>
<small>[Note Box 5 below]</small>i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d) and 1.33 (b). <p>5. <input type="checkbox"/> Incorporation By Reference <small>(usable if Box 4b is checked)</small>
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies |
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ACCOMPANYING APPLICATION PARTS	
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEM 503) <small>(Should be specifically itemized)</small></p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign Priority is claimed)</small></p> <p>16. <input type="checkbox"/> Other: _____</p>	

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: /

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ADDRESS	Nortel Patent Department P.O. Box 13828				
CITY	Research Triangle Park	STATE	NC	ZIP CODE	27709-3828
COUNTRY	U.S.A.	TELEPHONE	919-997-4453	FAX	919-997-6659

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<p align="center">FEE TRANSMITTAL</p> <p align="center">Note: Effective October 1, 1997, Patent fees are subject to annual revision.</p>		Complete if Known	
		Application Number	
		Filing Date	
		First Named Inventor	Sundhar
		Group Art Unit	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT	(\$) 838	Attorney Docket Number	RN 1153

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit and over payment to: Deposit Account Number 50-0873 Deposit Account Name _____ <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee in 37 CFR 1.18 at the Mailing of the Notice of Allowance				3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large</th> <th>Entity</th> <th>Small</th> <th>Entity</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2520</td> <td>147</td> <td>2520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1840*</td> <td>113</td> <td>1840*</td> <td>Request publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>950</td> <td>217</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1510</td> <td>218</td> <td>755</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>2060</td> <td>228</td> <td>1030</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a Brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1510</td> <td>138</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - 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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Steven B. Phillips			Reg. No.	37,911
Signature	<i>Steven B. Phillips</i>	Date	5/26/99	Deposit Account User ID	

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Express Mailing Label Number EL355508970US
Date of Deposit May 26, 1999 I hereby certify that
the accompanying Application is being deposited
with the United States Postal Service "Express Mail
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1.10 on the date indicated above and is addressed
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Washington, D. C. 20231.

A handwritten signature in cursive script, reading "Debra Quadrino", is written over a solid horizontal line.

Debra Quadrino